


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007187 1. Entity Name BLYTHE FAMILY HEALTH CARE LLC	
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Principal Place of Business
**1601 S. APOLLO BLVD
MELBOURNE, FL 32901**

Mailing Address
**1601 S. APOLLO BLVD
MELBOURNE, FL 32901**

DO NOT WRITE IN THIS SPACE



04062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 33-1046389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLYTHE, STEPHEN
1601 S. APOLLO BLVD.
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLYTHE, STEPHEN 1601 S. APOLLO BLVD MELBOURNE, FL 32901
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04/28/05-80089-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Stephen Blythe** **4-23-05** **321-674-9220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #